## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together witn applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further condicated unless correcte maintenance fee notificat	a octow of affected off	for transmitting the ISS ng the Patent, advance of the patent, advance of the parties in Block 1, by (	UE FEE and PUBLIC rders and notification a) specifying a new c	CATION of mair correspor	FEE (if requintenance fees wandence address;	red). B vill be a and/or	locks 1 through 5 s nailed to the current (b) indicating a sepa	hould b corresp rate "F	be completed where condence address as EE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
32137	7590 05/28	3/2008	*					ust	18, 2008	
PATENT DOC	KET CLERK		Electronically filed on August 18, 2008 Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being denosited with the United							
COWAN, LIEBO		I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile								
	OF THE AMERIC	AS		transmi	tted to the USP7	ro (57)	1) 273-2885, on the d	ate indi	cated below.	
NEW YORK, N		Marlene Lang (Depositor's name)								
				Marlone Jana (Signat					(Signature)	
				<u> </u>	Augus	st 18	3, 2008	<u>U</u>	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		ror		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/541,434	10/541,434 12/08/2005		Roger Barrett			21494.016 6388				
TITLE OF INVENTION:	HAZARD DETECTOR	R								
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE PR	REV. PAID ISSUE	FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0		\$1740		08/28/2008		
EXAMINER		ART UNIT	CLASS-SUBCLASS	3						
PREVIL, DANIEL		2612	340-628000							
1. Change of corresponde	nce address or indication	n of "Fee Address" (37	2. For printing on	the pater	nt front page, list	t				
CFR 1.363).  Change of correspo	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,								
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
PTO/SB/47; Rev 03-02 Number is required.	2 registered attorney listed, no name wi	attorney	s or agents. If n	s of up to name	e is 3					
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print o	or type)	<del></del>					
PLEASE NOTE: Unle	ess an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on t	he paten	t. If an assigne	e is ide	entified below, the de	ocument	t has been filed for	
(A) NAME OF ASSIG					_	OUNTI	RY)			
Apollo Fire	(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Havant, United Kingdom									
Please check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):	☐ Ind	lividual 💆 Co	rporatio	on or other private gro	up entit	y Government	
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)										
Issue Fee	11 - 72 - 12		A check is enclosed. Paid via EFS							
<ul><li>☑ Publication Fee (No</li><li>☐ Advance Order - #</li></ul>	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3415 (enclose an extra copy of this form).									
Advance Order - #	of Copies		overpayment, to I	Deposit A	Account Number	r <u>03-</u>	3415 (enclose a	nciency	or credit any copy of this form).	
5. Change in Entity State  a. Applicant claims	`	,	☐ b. Applicant is no	lancar	oloimin a CMAI	LENT	ITV -4-1 C 27 C	TD 1 07	( ) (0)	
NOTE: The Issue Fee and	Publication Fee (if requ	ired) will not be accepte	d from anyone other th	nan the a	pplicant; a regis	tered a	torney or agent; or th	e assign	ee or other party in	
interest as shown by the re	cords of the United Sta	tes Patent and Trademark	Office.							
Authorized Signature _	KIMINA				Date Aug	gust	18, 2008			
Typed or printed name	7			Registration No						
This collection of informa an application. Confidenti submitting the completed this form and/or suggestio Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 C ality is governed by 35 application form to the ons for reducing this burginia 22313-1450. DO	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain 1.14. This collection i depending upon the ie Chief Information OCOMPLETED FORM	or retain s estima individua officer, U S TO TI	n a benefit by th ted to take 12 m al case. Any cor J.S. Patent and T HIS ADDRESS.	e publi inutes nments fradem SEND	c which is to file (and to complete, includin on the amount of tin ark Office, U.S. Depa TO: Commissioner i	by the g gather ne you i rtment or Pater	USPTO to process) ring, preparing, and require to complete of Commerce, P.O. nts, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.